



ccl-199f (11/03)

CHANGE OF TAXICAB OWNERSHIP INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

NO NEW TAXICAB PERMITS MAY BE ISSUED, EXCEPT UNDER EITHER OF THE FOLLOWING CONDITIONS:

1) When a permit holder applies to change his or her legal entity, such as by incorporating or forming a partnership,

or

2) When a permit holder applies to transfer ownership of a permit to another person.

LICENSE PERIOD:

December 1st through November 30th of odd years.

FEE:

\$121.00 per application. Fee must accompany application. Make check payable to:
CITY OF MILWAUKEE.

APPLICATION:

Applications must be filled out completely, and returned to: City Hall, License Division, 200 E. Wells Street, Room 105, Milwaukee, WI 53202. Phone: (414) 286-2238.

The applicant shall file, with the application the attached "Notice of Taxicab Sale", completed and notarized from the current permit holder.

Corporations/Limited Liability Company applicants will also submit a "Statement of Stock Ownership".

The applicant shall file, with the application the attached "Letter of Intent", outlining his or her intentions of purchasing a proper vehicle to be used for this service, and the proper amounts of liability insurance, satisfying all the requirements of Chapter 100 of the Milwaukee Code of Ordinances.

SIGNATURES:

Notarized signatures of the individual, all partners, the Agent, President & Secretary of a corporation or the agent and all members of a limited liability company are required.

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FINGERPRINTS:

Each person named on the application, including stockholders of a corporation or LLC owning 20% or more stock, shall be fingerprinted by the Police Department at 951 N. James Lovell St. (7th St), Room 305.

REQUIREMENTS:

You are responsible for complying with all the relevant provisions of Chapter 100 of the Milwaukee Code of Ordinances, which includes the fact that City of Milwaukee Public Passenger Vehicle Driver's licenses are required for ALL drivers of these vehicles. The applications for this license can be obtained from our office.

GRANTING:

Applications will be submitted to the Utilities & Licenses Committee for their recommendation to the Common Council.

ISSUANCE:

Prior to the issuance of a permit to the new permit holder, the holder of the existing permit shall surrender the permit to the license division of the city clerks' office.

TERMINATION:

The applicant has 60 days from the date of granting to comply with all requirements to put their vehicle into service.

If any applicant fails to put their vehicle into service within the 60 days; the permit is permanently terminated by law.

ORDINANCES GOVERNING TAXICABS ARE LOCATED IN CHAPTER 100 OF THE MILWAUKEE CODE OF ORDINANCES AND MAY BE VIEWED ONLINE <http://www.ci.mil.wi.us/ctygov/council/isysintro.htm> or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**City
of
Milwaukee**

**PUBLIC PASSENGER VEHICLE PERMIT
LICENSE APPLICATION FOR CHANGE OF TAXICAB
OWNERSHIP** ccl-199g (11/03)

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238

E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)
☐ Corporation or LLC (Fill out Section B, C, & D)

A	INDIVIDUAL OR PARTNERSHIP:	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
B	Are you affiliated with any of the following?	
	<input type="checkbox"/> All City Veteran Taxi <input type="checkbox"/> Brew City Cab Cooperative <input type="checkbox"/> American United Cab Company, Inc. <input type="checkbox"/> Yellow Cab Co-op <input type="checkbox"/> Mitchell International Taxicab	
	Do you have a radio dispatch service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, with whom? _____	
	If no, list name shown on cab: _____	
	Mailing Address (if different from above address): _____	
C	Full Name of corporation or limited liability company:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth:
	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -

Date of Birth: _____	Date of Birth: _____
Location where vehicles are stored: OVER	
How many vehicles will be used in this business? (A separate application must be filled out for each vehicle.)	
Permit Number being applied for: _____	
Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list name of person(s), date, charge, and penalty:	
<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>The undersigned understands that this application does not entitle the applicants to a license and that granting of the licenses is solely in discretion of the Common Council.</p> <p>D I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p><u>I UNDERSTAND THAT IF THIS LICENSE IS GRANTED, I MUST MEET ALL REQUIREMENTS AND PUT MY VEHICLE INTO SERVICE WITHIN 60 DAYS OR THE LICENSE WILL BE PERMANENTLY TERMINATED BY LAW.</u></p> <p>Note: If application is recommended for approval and granted, issuance will be held until the prior owner's permit is surrendered to the License Division.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Notary Public, State of Wisconsin</p> <p>My commission expires _____</p> </div> <div style="width: 45%;"> <p>_____ Individual/Agt. of Corp. or LLC/Partner</p> <p>_____ President of Corp/Member of LLC/Partner</p> <p>_____ Secretary of Corp/Add'l Members/Partners</p> </div> </div>	

Office Use Only:

Initials: _____ **Filed:** _____ **Transaction #:** _____

Permit #: _____ **Granted:** _____ **Issued:** _____

STATEMENT OF STOCK OWNERSHIP – VEHICLE LICENSES

ccl-199h (7/03)

This statement is required of all Corporations or Limited Liability Companies applying for a Vehicle License in the City of Milwaukee. All persons who individually own 10% or more of the Corporation's/LLC's total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below.

Name of Corp or LLC _____

Corp or LLC Address _____ City, State & Zip _____

STOCKHOLDERS

Full Name (First, Middle & Last)	Home Address (Not business or office)	City, State, & Zip	Date of Birth	Percentage of Shares Held
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(if more space is required, attach additional sheets)

We understand that transfers of stock must be reported to the City Clerk within 48 hours after such transfer.

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public, State of Wisconsin

My Commission Expires _____

Signature of Agent

Signature of President/Member of LLC

Signature of Secretary/Member

NOTE: A penalty is provided for submitting false statements or affidavits – Per the Milwaukee Code of Ordinances.



**City
of
Milwaukee**

CITY OF MILWAUKEE NOTICE OF TAXICAB SALE

ccl-199e (11/03)

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

I _____ am hereby formally informing the City of
(Permit Holder)
Milwaukee that I have agreed to sell my Taxicab business, consisting of the following permit
number: _____ to _____
(Buyer)

I understand that prior to the issuance of the permit to this applicant, I must surrender my permit to the
License Division and give up any future rights or claims to this permit.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

Signature of Permit Holder:

_____ day of _____, 20_____

(Individual/Agent of Corp. or LLC/Partner)

Notary Public, State of Wisconsin

(President of Corp./Member of LLC/Partner)

My commission expires _____

(Secretary of Corp./Add'l Members/Partners)

OFFICE USE ONLY

PERMIT TRANSACTION NUMBER _____

PERMIT TURNED IN AT THIS TIME: YES ☐ NO ☐

DATE THIS PERMIT TURNED IN: _____

LETTER OF INTENT

ccl-192 (9/03)

TO: UTILITIES & LICENSE COMMITTEE

I, _____, do hereby state that if I am granted
a license for _____, I intend to purchase a proper
vehicle, **in the case of a Luxury Limousine, the vehicle shall be a top-of-the-line production or custom vehicle, designated by its' manufacturer as a limousine and may have custom non-production features.** I shall secure the proper amount of liability insurance to satisfy all the requirements of Chapter 100 of the City of Milwaukee Code of Ordinance.

Print your name

SIGNATURE OF ABOVE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____

(NOTARY PUBLIC)

MY COMMISSION EXPIRES _____

Office of the City Clerk License Division
200 E. Wells St., Room 105, Milwaukee, WI 53202
414-286-2238, license@milwaukee.gov